PROVINCE OF PRINCE EDWARD ISLAND

DEPARTMENT

OF

HEALTH AND SOCIAL SERVICES

NINTH ANNUAL REPORT

1988 - 1989

Honourable Wayne D. Cheverie, Q.C., Minister

90-06071/

NINTH ANNUAL REPORT

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island

01 April 1988 to 31 March 1989

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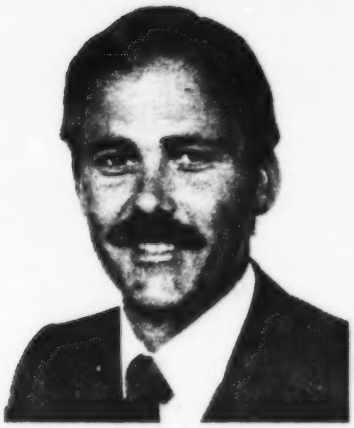


Charlottetown
Prince Edward Island
March 31, 1989

The Honourable Lloyd G. MacPhail
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

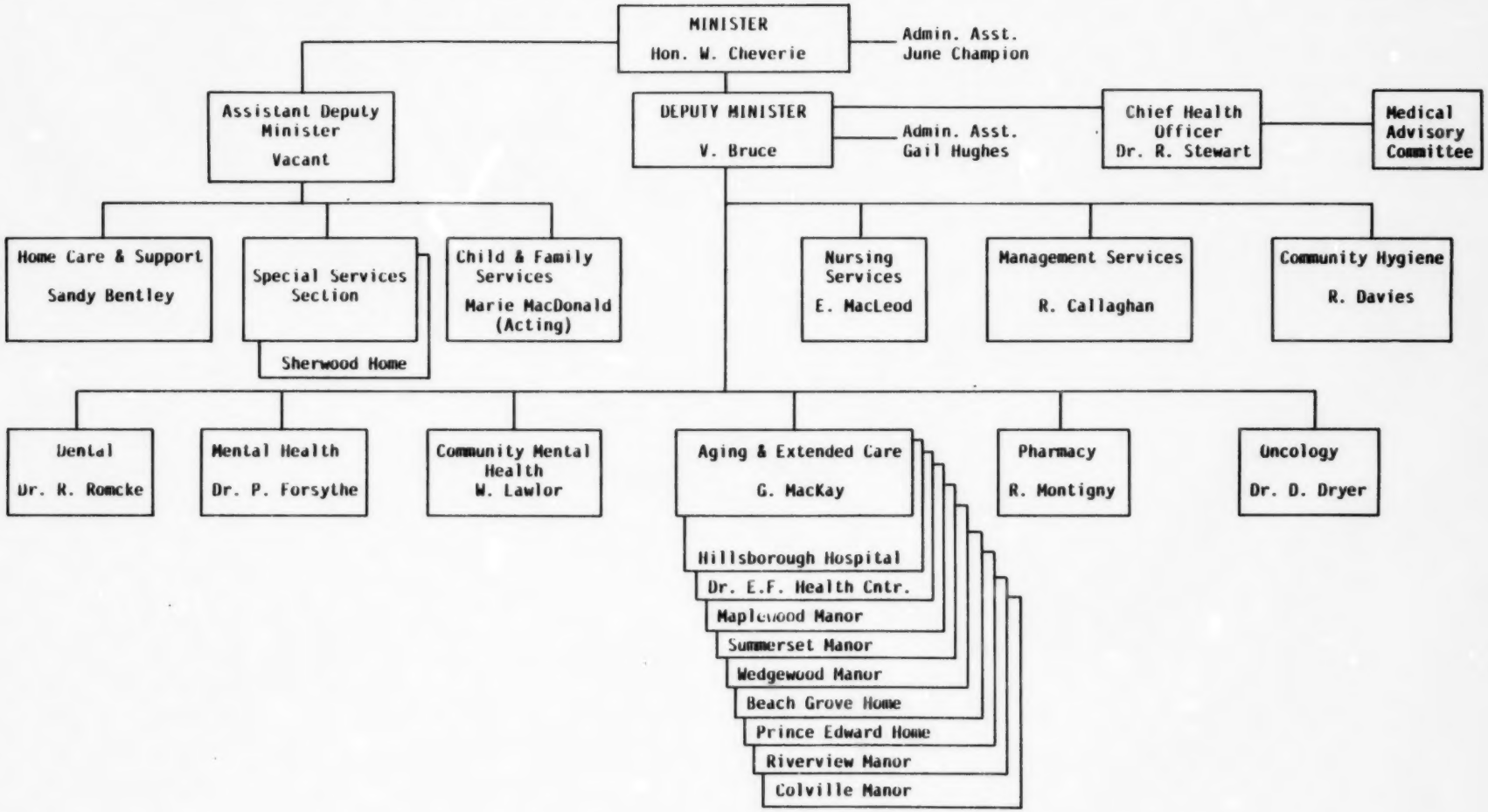
I beg to submit, herewith, for your consideration the ninth annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1989.

I have the honour to be,
Sir
Your obedient Servant,

Wayne D. Cheverie, Q.C.
Minister of Health and Social Services

P.E.I. DEPARTMENT OF HEALTH AND SOCIAL SERVICES

GENERAL ORGANIZATION



LEGISLATION FOR WHICH THE MINISTER OF HEALTH AND SOCIAL SERVICES IS RESPONSIBLE

1. Addiction Services Act
2. Adoption Act
3. Adult Protection Act
4. Change of Name Act
5. Child Care Facilities Act
6. Ghiropractic Act
7. Community Care Facilities and Nursing Homes Act
8. Cornea Transplant Act
9. Dental Profession Act
10. Dispensing Opticians Act
11. Drug Cost Assistance Act
12. Family and Child Services Act
13. Health Services Payment Act (HHSC)
14. Hospital and Diagnostic Services Insurance Act (HHSC)
15. Hospital and Health Services Commission Act (HHSC)
16. Hospitals Act (HHSC)
17. Human Tissue Gift Act
18. Licensed Nursing Assistants Act
19. Marriage Act
20. Medical Act
21. Mental Health Act
22. Nurses Act
23. Optometry Act
24. Pharmacy Act
25. Physiotherapy Act
26. Premarital Health Examination Act
27. Public Health Act
28. Registered Occupational Therapists Act
29. Rehabilitation of Disabled Persons Act
30. Social Work Act
31. Vital Statistics Act
32. Welfare Assistance Act
33. White Cane Act

Note: There are several other statutes which relate to the Health and Social Services Ministry that do not appear in the Provinces' official consolidation. These include:

- Dietetic Association Act
- Dental Technician Act
- Funeral Directors and Embalmers Act
- Hillsborough Hospital Act

(HHSC) indicates that an act is administered through the Hospital and Health Services Commission.

Charlottetown
Prince Edward Island
March 31, 1989

Honourable Wayne Cheverie, Q.C.
Minister
Department of Health and Social Services
P.O. Box 2000
Charlottetown
Prince Edward Island

Honourable Minister:

I have the honour to submit to you the ninth annual report of the Department of Health and Social Services for the period April 1, 1988 to March 31, 1989.

Respectfully submitted,

Verna Bruce

Verna Bruce
Deputy Minister

DIVISION OF AGING AND EXTENDED CARE

Gordon R. MacKay, Director

MAPLEWOOD MANOR

This fiscal year saw the completion of the increased staffing due to the levels of care initiative. Four new positions were created in the Nursing Department - two full-time and two part-time positions. With the creation of these four positions the bed conversion process has been completed thus allowing for the facility to provide care to residents who require the heavier levels of care.

An Occupational Therapist has been hired on a part-time basis. This position is shared with other nursing homes and manors in the Prince County area as well as the acute care hospitals in the West Prince area. The establishment of this position greatly enhances the quality of care which we are able to provide to our frail, elderly residents.

SUMMERSET MANOR

All staff at Summerset Manor have completed an In-House training session on "Effective Caring" which addressed the need for good communications between departments and between employees. Positive strategies and positive attitudes of care were examined in these small staff training sessions.

The Chapman Centre continues to operate a Day Program for community seniors. It is regularly requested of Summerset Manor to accept more applicants into this Chapman Centre program.

Summerset Manor hosted several family nights to communicate with and educate the family on care programs at Summerset Manor. These family programs were organized by the Family Council of Summerset Manor. These family evenings were always well attended with an excess of 120 family members in attendance.

Summerset Manor has received a three-year Accreditation award -the maximum Accreditation Award

WEDGEWOOD MANOR

An oral assessment program has been established under the direction of the Director of Dental Health and a Dental Consultant. Initial assessments were completed on all residents and in-service programs were presented to all nursing staff. A dental team has been established within the nursing department and this team has been trained to assess oral care.

A member of the nursing department has successfully completed the "Advanced Foot Care Program" in Kingston, Ontario. A foot care team has been established within the nursing department at the manor whose mandate is to provide foot care and the monitoring of problems on an on-going basis.

The Key Worker Program has been fully established and is proving to be very beneficial in establishing rapport and communication early in the family relationship with the facility and staff of the manor. The primary function of the Key Worker Program is to assist the resident in successfully adjusting to their new home at Wedgewood Manor.

PRINCE EDWARD HOME

The Brecken House Day Program experienced a successful year of programming. The average daily attendance was thirteen per day. Sixty-seven clients were actively participating in the program during the year. Referrals remain constant, and there was an increase in the number of clients using the program for a one to two month period while waiting to be admitted to a nursing home facility.

The Prince Edward Home continues to provide support to the Meals-on-Wheels program. During the year the staff prepared 5,704 meals which were delivered by volunteers to seniors in the community who require this support service to assist them to continue to live in the community.

Over the year, staff were provided with the opportunity to attend workshops and seminars in their area of specialty. These education sessions provided staff with more knowledge and helped them improve their skills thus increasing their value as an employee of the home.

BEACH GROVE HOME

There was a total of 46 new admissions to Beach Grove Home during the past year, 18 male and 28 female. It is to be noted that of the 38 deaths at the Beach Grove Home, 30 deaths occurred within the home and 8 occurred in hospital. The average age of admission to Beach Grove Home this year was 84 while the average age of death was 87.

Continuing education holds a prime focus for the staff at Beach Grove Home. Staff in all departments of the home participated in extensive in-service education. Also possible this year was the provision of a major workshop in Activity Programming with particular emphasis on working with the cognitively impaired.

A major study completed by a team of experts coordinated by Dalhousie University identified a number of potential environmental issues within the home. Recommendations of this report are being acted upon. In the meantime, all remaining carpets at Beach Grove Home have been removed.

A special activity program for the cognitively impaired is conducted twice per week on the Meadow unit. In addition, a new breakfast program for the cognitively impaired residents was implemented on this unit and has proved a great success. Essentially, it focuses upon the residents setting the pace of their morning and making flexible eating hours available to them. Community involvement is encouraged as a major program focus with groups coming in to socialize or share in the life of the home. A Cafe Hour, a program of cooking and elegant tea service is another very successful new program.

During the year, laundry and linen services have been reorganized to provide for a seven-day week service rather than five.

Field experience for a great number of nursing and allied health workers was again provided with appreciation from the sponsoring bodies as well as being greatly enjoyed by residents.

Preparations for accrediation were a major focus of all departments in the home during the year. All the departments are internally addressing this issue and striving to meet the standards set by Accreditation.

RIVERVIEW MANOR

There were 19 new admissions to Riverview Manor during the past year. Of this total number of new admissions 9 were admitted directly from hospital and 10 from the community including community care facilities. There were 15 deaths at Riverview Manor of which 12 of the deaths occurred within the facility and 3 in the hospital.

Riverview Manor benefited greatly from increased funding in order to create new nursing staff positions. A total of 6 positions were created of which 3 were full-time and 3 part-time. The creation of these positions permitted the manor to convert beds to provide for heavier levels of nursing care. The conversion of these beds permits the Division to accept more residents who require nursing care into Riverview Manor. This in turn impacts upon the priority wait list for the manor. The conversion of beds also assists the Division in addressing and reducing the number of long-term care patients who are awaiting nursing home placement in an acute-care hospital setting.

The physical facilities at the manor are in reasonably good condition considering that they are now over 20 years old. At the same time, however, the facility is in need of some renovations to address current and potential problems.

COLVILLE MANOR

A major goal accomplished was the formal implementation of the multi-disciplinary Quality Assurance and Risk Management Program. This was formulated over the past two years using existing resources and was implemented facility-wide this year.

A Resident's Council, with the assistance of the O.T. Department, was successful in obtaining New Horizons funding for two major projects - the purchase of lawn furniture and the purchase of a piano keyboard. In addition, the Manor continues to provide adult day care to those residents in the community who require such services. The expansion of the Meals-on-Wheels Program was completed with volunteer drivers from the community being utilized for the delivery of some meals. A total of 2,122 meals were provided to seniors in their own homes, with an estimated 1,095 additional meals being served within the facility to day residents/spouses of residents.

The Nursing Department continues to provide a training program for volunteers interested in exposure to working in a health care setting. During the past year, 10 individuals were involved in this training.

Respite care, averaging 30 days each, was provided to 8 individuals during the year. This program has become very popular and not only serves to bridge the gap between hospital and home for the individual and family but also provides a very positive experience within the facility.

The manor completed the goal of refurbishing the foyer. Residents enjoy the new surroundings and the public have been very positive in their reaction to it.

DR. ERIC M. FOUND HEALTH CENTRE

The Dr. Eric M. Found Health Centre is a special care unit comprised of 63 beds designed for patients requiring continuous medical management and skilled nursing care at a level just below that of acute care. These services also include specialties in Physiotherapy, Occupational Therapy, pastoral care and hospice care for the terminally ill. The Centre continues to provide four distinct types of care: palliative, convalescent, long-term medical nursing and long-term nursing home care (under 60 years of age). As of year end we have 9 long-term beds used by residents who do not require these special services and could be transferred to other health care facilities. This represents a decrease of 6 since last year. We are continuing to address this on-going problem in our attempts to fully implement the 1984 Role Study recommendations.

The remodeling of the dietary department was completed this past year and the facility has been successful in obtaining the services of a second physiotherapist. The facility now coordinates all physiotherapy services to homes and manors in the Division of Aging and Extended Care.

There was a total of 200 patients under care during the past year of which 143 were new admissions. Of the 144 separations during the year 103 were discharged and there were 41 deaths. The coordination of admissions to the palliative and convalescent units from the Queen Elizabeth Hospital has greatly enhanced the communications between the Dr. Eric Found Health Centre and Queen Elizabeth Hospital.

HILLSBOROUGH HOSPITAL

During the year, Hillsborough Hospital experienced an increased demand for its services. The Active Treatment Unit is under constant pressure for admissions from the community and from the Queen Elizabeth Hospital.

The Adolescent Unit is also experiencing increasing demands for beds and its support services. At present, the bed capacity cannot be expanded to meet the ever-growing demand for services required by adolescents who are experiencing a major crisis in their lives.

These requests for services also create added pressure on the professional staff of the Hospital. Presently, the Hospital has one psychiatrist and one social worker, who are attempting to provide services to an ever increasing active treatment case load plus manage the chronic care population as well.

In November, staff participated in a two-day workshop conducted by the Leadership Institute at Holland College. The workshop was designed to enable staff to express their views on the direction the Hospital was taking and to make suggestions and recommendations on how best to serve the needs of the patients in the future.

It was generally agreed that the exercise was constructive and helpful, and there now appears to be a more positive focus to the direction the facility now plans on taking. The Hospital is still having difficulty in recruiting a psychiatrist. The situation does impact on the delivery of psychiatric services to the patients of the Hospital, but it is hoped that through continued efforts a psychiatrist will be recruited.

CENTRAL OFFICE

The Central Office consists of an Occupational Therapy Consultant, a Dietetic Consultant, a Nurse Consultant, the Coordinator and Program Worker responsible for the management of the Community Care Facilities and Private Nursing Homes Program, two Placement Officers, and three support staff. Staff continue to provide consultation and support to the government operated facilities as well as the private sector facilities.

The Dietetic Consultant participated in pre-retirement courses in nutrition, made presentations to the Resident Care Worker Course at Holland College, the Senior Chef Program on Cable 10 on nutrition education, the dietary staffing study at the Community Hospital, and served on various committees related to nutrition and nutrition education.

During the past year, there were 385 new applications for nursing home care. This number of new applications has remained fairly constant throughout the 1980's decade. At year end, there was a total of 709 applications on file, of which 95 applications were of a priority nature. The number of priority cases is slightly above the previous year but is down considerably from the peak period of the mid-1980's. The total number of placements made during the year was 205, with 133 applications inactivated.

There was a total of 229 admissions during the past year to the nursing homes and manors, of which 34 percent were admitted from hospital; 32 percent were admitted from the community, and 14 percent were admitted from other facilities, including community care facilities. The average age of admission was 81.0 years. The number of short-term admissions totaled 47 for the year. These short-term admissions are generally admitted for respite care.

It is anticipated that there will be a slow and steady increase in the number of priority cases in the next year. This may be due, in part, to the fact that the nursing homes and manors have successfully converted the beds in the facilities to nursing care, and there is no further movement possible to increase the number of nursing care admissions in order to reduce the priority caseload.

Central Office staff involved operators and care givers in the privately owned care facilities and in the in-service education offered by the Division. The private sector assisted this Division in providing information and statistics for longterm planning; their cooperation is appreciated.

The Division has begun the planning process for a comprehensive Aging Impact Study which will assist in ascertaining the impact of an aging population on the demand for services. The Nurse Consultant has been assigned to coordinate this study.

The staff of the Community Care Facilities and Nursing Homes Program continued to monitor the operations of 9 private licensed nursing homes and 24 privately-operated, licensed community care facilities. They also planned workshops on diabetes, drug administration, record keeping, dementia and depression, to assist the operators of these facilities in providing improved care to their residents.

The Occupational Therapy Consultant was actively involved in planning workshops on dementia, foot care, and back care. She also participated in a review of day programming for the elderly at the Prince Edward Home, and assumed responsibility for the development of the physiotherapy program within the provincially operated homes and manors.

DIVISION OF CHILD AND FAMILY SERVICES

Steve McQuaid - Director April 1/88 to January 31/89
Marie MacDonald - Director February 1/89 to March 31/89

MANDATE OF THE DIVISION

The Division of Child and Family Services is responsible for the delivery of a broad range of services to individuals and families in need. The services are delivered on a decentralized basis through regional offices located in the five regional service centers across the province.

SERVICES PROVIDED BY THE DIVISION

The services delivered through the Division are directed towards:

1. responding to acute conditions of individual and family need;
2. providing supports to families when there is a crisis or event that destabilizes the family capacity to cope or function;
3. protecting the rights and well-being of children where the family's efforts have not been effective as well as assisting disabled adults and the socially disadvantaged who are unable to act effectively in their own interests;
4. providing basic and support services and assistance to dependent persons who generally do not have the skills and resources to function independently.

The range of services include the following

1. Child Welfare Services
   a. Protection Services;
   b. Adoption Services;
   c. Substitute Care Placements including relative placements, foster care, special foster care, group home, special residential treatment;
   d. Family Support Services to families who have children with special needs (mentally retarded children and children who are in need of child care services);
   e. Visiting Homemaker Services;
2. Nutrition Services;
3. Speech Therapy and Hearing Services;
4. Day Care Service Subsidy;
5. Welfare Assistance a. Job Creation Program b. Employment Enhancement Program
   a. Job Creation Program;
   b. Employment Enhancement Program;
6. Retardation Services;
7. Rehabilitation Services;
8. General Counselling.

LEGISLATION

The legislation which provides authority for the delivery of the services includes:

Adoption Act
Child Care Facilities Act
Family and Child Services Act
Divorce Act
Family Court Act
Rehabilitation of Disabled Persons Act
Welfare Assistance Act

PROGRAMS

WELFARE ASSISTANCE

The Welfare Assistance Program is the largest program administered by the Division in terms of the number of persons served and the budget.

A comparison with the previous fiscal year shows:

	87/88	88/89	%(+/-)
AVERAGE MONTHLY CASELOAD	4297	4215	-1.91
AVERAGE MONTHLY COST/CASE	458.	475.	+3.71
TOTAL ACTUAL EXPENDITURE	24,525,200.	25,564,100.	+4.24

WELFARE ASSISTANCE REVIEW COMMITTEE

During 1988, a Welfare Assistance Review Committee, chaired by Ian MacDonald, completed the task of a comprehensive review of the Welfare Assistance Program. The report "Dignity, Security and Opportunity" was tabled in the Legislature in February 1989. The report outlined sixty-seven (67) recommendations related to changes in basic and special needs, shelter and housing improvements, initiatives to strengthen family relationships and parenting abilities, employment related recommendations, changes to services for disabled persons, and a number of recommendations related to the overall program delivery.

One of the recommendations was to create a position of Coordinator of Welfare Assistance within the Division. This recommendation will be implemented in the new fiscal year.

CHILDREN'S SERVICES

CHILDREN IN THE CARE OF THE DIRECTOR OF CHILD WELFARE

The Family and Child Services Act is the legislation which guides the Division's workers in the provision of services to parents with children. During the year, children were placed in the care of the Director of Child Welfare.

A breakdown of this total is as follows:

APPREHENDED
TEMPORARY WARD
PERMANENT WARD
VOLUNTARY CARE AGREEMENT
WARD TO ANOTHER PROVINCE
ADOPTION PLACEMENT
FOLLOW-UP TO C.C

NEW PROGRAMS

Therapeutic Foster Homes

The Division initiated a two year pilot project in June 1988. The project involves the use of trained therapeutic foster homes, work with natural families, as well as therapeutic and educational programming with children with an extreme emotional disturbance. Six children and their families were served by the program during this fiscal year.

One-on-One Program

In addition to the demonstration project, a one-on-one service for children twelve (12) years and under and for adolescents was established. The focus of the program is to provide a one-on-one worker for a child who is either living with the natural parent or in the care of the Director of Child Welfare who has serious behavior difficulties. During the fiscal year, sixty (60) children and adolescents received the services of a one-on-one worker.

GROUP HOMES

The Division operates five (5) group homes for adolescents throughout the province with a maximum capacity of thirty-five (35) beds. During the year, eighty-six (86) adolescents ranging in age from 11 to 16 years were serviced by the group home program.

SEXUAL ABUSE

As with other provincial departments that provide services to families with children, divisional staff dealt with --- child sexual abuse cases.

VISITING HOMEMAKER SERVICES

In the provision of services to children and their families the Division homemakers play an important role in assisting parents with parenting and life skills. During the fiscal year, homemakers provided 284 services to families with children.

CHILDREN FOR WHOM WE HAVE NO RESOURCES

During the year there were fifty-eight (58) children who came to the attention of the Director of Child Welfare for whom there were no provincial resources to meet their needs. In some cases, the child remained with the natural family, was placed in an inappropriate resource, or was placed in a resource out-of-province. In the latter case, there were children placed in out-of-province resources at a cost of $254,600.

AFTER HOURS CHILD ABUSE REFERRAL/SCREENING SERVICE

In 1982, the Division began to operate an after hours telephone Child Abuse referral screening service. During the past year there were 1098 child abuse related calls and 400 calls for emergency assistance for persons living in the Charlottetown area. In addition there appeared to be an increase in the calls from children between the ages of 11 and 16 years concerning child abuse issues. The total calls for a one year period was 2000.

TRENDS

The trends that emerged during the year in the provision of services to children and their families are as follows:

- Children are coming into the care of the Director for shorter periods of time but require more intense professional services.
- Adolescents and children beyond the control of their parents continue to present major resource problems.
- The foster parent role has become increasingly difficult as they deal with families and children with more serious problems.
- The foster parent role requires greater experience than in the past.
- There is an increasing need to locate support services for families especially single parent families.

FOSTER CARE

FOSTER CARE RESOURCES

During the 1988/89 fiscal year the Division placed a high priority on the development of foster care resources.

A Provincial Foster Care Resource Committee comprised of two central office staff and regional office workers:

- reviewed a wide range of foster care training resources and constructed a general outline of training resources for various stages of fostering.
- developed the first stage of building a foster care training program for foster families who have completed the orientation and apprenticeship phase of fostering.
- moved to the implementation stages of the Foster Care Delivery Model endorsed by divisional management in June 1988.
- projected on promotions and public education strategy for foster care for implementation in 1989/90.

PRINCE EDWARD ISLAND FEDERATION OF FOSTER FAMILIES

The relationship between the Child and Family Services Division and the Prince Edward Island Federation of Foster Families was significantly strengthened during the year. The Federation was officially recognized as the voice of organized foster families. Such recognition has lead to an increased involvement of Federation families in policy planning issues that impact upon foster care practices.

The Federation in cooperation with Division staff hosted a most successful Canadian Foster Care Symposium which foster parents from all parts of Canada and the State of Maine attended.

ISSUES

The issues addressed by those involved in foster care during the year were:

- acute shortage of foster families with specialized skills needed for the care and treatment of children in need of protection;
- insufficient staff time to support foster families in the difficult tasks they undertake;
- insufficient foster care training and support systems;
- inadequate foster care rates.

REGIONAL OFFICE SERVICES

During the fiscal year there were 152 foster families registered with the Division. Throughout the province there were six cluster groups which served as a means of providing ongoing direction and supervision to the foster families.

Each regional office established an implementation committee that would be responsible to oversee the implementation of the Foster Care Delivery Model in the respective region. Throughout the year there were twelve information nights held in the regions. Such meetings provide information to the general public on what is involved in fostering.

ADOPTION

PROVINCIAL ADOPTION COMMITTEE

The Provincial Adoption Committee met four times with its prime objective being to reach consensus on the procedures and methods to be included in the new Adoption Manual. The work is on-going and should be completed in 1990.

ADOPTIONS COMPLETED DURING THE YEAR

The number of adoptions finalized during the year was fifty; ten were departmental adoptions, nine were private agency adoptions, five of which were placed outside of PEI and thirty-one were private adoptions, five of which were non-blood related placements. As in other years, the Department received notification from the Division of Vital Statistics that six children born on PEI were placed outside for the purposes of adoption. In 1987/88 the total number of adoptions was sixty-eight so there has been a significant drop over the past year.

ADOPTION REGISTRY

There were between one hundred and one hundred and ten families on our adoption registry at any given time over the past year. These families are at one of six stages in the adoption process; inquiry, pre-screening, intake, waiting adoption preparation, in adoption preparation, waiting for placement, and post-placement awaiting finalization. The department also provided service to three families interested in exploring and/or pursuing international adoption.

DEMAND FOR SERVICE

The demand for adoption placement of low risk infants continues to be very high. The waiting time is approximately five years. Three infant preparation groups were held over the year. The Department continues to put increasing emphasis on meeting adoption needs of children of all ages who have special needs. One provincial Special Needs Adoption Preparation group was held and it is hoped to increase to two in subsequent years.

ADOPTION LEGISLATION

A two person work team was established to address the issue of a new Adoption Act for Prince Edward Island.

Adoption acts from other jurisdictions were studied, basic principles for new legislation were identified and endorsed at the divisional management level. Deficiencies in the existing act were identified and the issues of significance were:

- need for control of children leaving the jurisdiction for the purpose of adoption;
- counselling services for parents surrendering children for adoption, particularly private adoption;
- a clear legislative mandate for post-adoptive services, in particular issues of disclosure and reunions of birth parents, birth siblings, with persons who were adopted.

At mid-stage the mandate to continue came to an end as the process of electing a new government superseded this activity.

NON-MANDATED SERVICES

Divisional field staff also provide services to the public in the following program areas: speech therapy, community nutrition, day care subsidy, physical rehabilitation, job creation, employment enhancement, and mental retardation services. The extent of the program activity in each of these areas are contained within the Special Services Division section of this Annual Report.

STAFF TRAINING

The staff training officer was responsible for the supervision of the intake team in Montague/Souris offices to July 1988. As a result, the time was limited in the area of staff training activities.

During the year, the staff training officer was a member of the Advisory Committee to the Maritime School of Social Work for continuing education and a member of the advisory committee for the decentralized BSW program on PEI.

The following is a list of the training sessions conducted during the year:

- four sessions in basic Helping Skills for social service workers in Summerside;
- eight sessions Preparation for designation in Child Welfare Montague/Souris staff;
- eleven sessions Child Welfare training, Level 1 Summerside and O'Leary staff;
- nine sessions training around child protection issues Montague/Souris staff;

- with the involvement of the Civil Service Commission staff training officer, five sessions for Divisional supervisors on Change;
- with the involvement of the Director of Child Welfare, two sessions on negotiating skills Montague/Souris staff; one session at the Department of Justice conference.

During the year staff attended the following out-of-province staff training opportunities:

- National Adoptive Parents, Halifax, - 2 staff;
- Virginia Satir workshop, Halifax, - 5 staff;
- Option Institute, Massachusetts, - 5 staff;
- Atlantic Regional Child Welfare Conference, Halifax, - 5 staff;
- Canadian Council on Homemakers Conference, Toronto, - 1 staff.

The following is a list of the in-province staff training sessions conducted:

- Managerial Competency Workshop, - 7 staff
- Workshop for supervisors, - 24 staff. Both with Lynn Irlam as part of the Continuing Education Program of the Maritime School of Social Work;
- Canadian Guidance and Counseling Workshop, - 4 staff;
- Challenge of Adolescence, Holland College, - 1 staff;
- Mediation Workshop, - 2 staff;
- Care for the Caregiver with Jack Blanchard - two one-day workshops for O'Leary and Charlottetown office staff;
- Canadian Dietetic Association National Conference, - 2 nutritionists;
- PEI Nutrition Workshop;
- PEI Speech Workshop.

DIVISION OF COMMUNITY HYGIENE

Richard J. Davies, Director

PURPOSE

The mandate of the Division of Community Hygiene is to promote and establish, through education, consultation and inspection, standards which are in keeping with the Public Health Act of Prince Edward Island and its regulations.

With this objective, the Division of Community Hygiene has defined all its inspection programs under eight distinct categories. These categories are Food Protection, Accommodations, Occupational Health, Recreational/Institutional, Environmental Health, Education and Consultation and Radiation Protection Services.

Food Protection Program

This area of responsibility includes such services as inspecting grocery stores, slaughterhouses, eating establishments and licensed premises. Services provided by the Division in the course of these inspections are: consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of drinking water supply, general inspection to ensure compliance with recommended standards of housekeeping procedures, maintenance and foodservice sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected food poisoning incidents.

Total Inspections - 2618

Type of Inspection	1987/88	1988/89	% Increase (Decrease)
MANUFACTURING			
Retail Grocery Stores	225	228	1%
Slaughterhouses	100	70	(30%)
CONSUMER			
Eating Establishments	1747	1890	8%
Swab Samples	100	110	10%
Licensed Premises	201	180	(10%)
Swab Samples	50	40	(20%)

Accommodations Program

This area of responsibility includes the investigating of rental accommodation complaints in permanent accommodations i.e., apartments, rooming houses or temporary accommodations i.e., summer trailer courts, tenting and campground and tourist facilities.

Total Inspections - 1600

Type of Inspection	1987/88	1988/89	% Increase (Decrease)
PERMANENT			
Apartments, Rooming Houses	49	50	43%

Rental Accommodation Inspections are conducted following a complaint from either the tenant or the Provincial Rentalsman.

TEMPORARY			
Temporary Establishments - Hotels, Motels, Cottages and Campgrounds	110	1530	18%

Occupational Health Program

Occupational Health problems are referred to the Division by the general public or Government for investigation. The Division works in close co-operation with Medical Services, Health Protection Branch of Health and Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

	1987/88	1988/89	% Increase (Decrease)
Total Inspections	45	50	11%

The type of problems investigated in the Occupational Health Analysis Program were:

- testing to levels of various gases.
- indoor air quality
- analysis for various fibre content
- checking ventilation systems within buildings.

Recreational/Institutional Program

These facilities are inspected to ensure they comply with the Public Health Act and Regulations, as well as other provincial legislation. Facilities include schools, day care centres, institutions and hospitals, nursing homes and swimming pools/saunas.

Total Inspections - 278

Type of Inspection	1987/88	1988/89	% Increase (Decrease)
Child Care Facilities	180	150	(17%)
Schools	30	15	(15%)
Nursing Homes	20	20	----
Institutions/Hospitals	30	25	(17%)
Swimming Pools/Saunas	20	68	240%

Environmental Health Program

The Division receives inquires and complaints concerning environmental health problems. These complaints include rodents and insects, pesticides, occupational health exposures, dead animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals.

All complaints and enquires are given priority in their investigation.

Total Inspections - 475

Type of Inspection	1987/88	1988/89	% Increase (Decrease)
Complaints	203	285	41%
Enquiries	234	190	(19%)

Examples of complaints which were referred by the general public would be:

- Garbage complaints
- Recall on foods
- Animals washed up on shore
- Unsightly property
- Insects in dwellings

Examples of enquiries are:

- Fuel oil contamination
- Sale of turtles
- Washroom facilities for mass gatherings
- Restrictions on storage and disposal of garbage

Education & Consultation Program

This program consists of both public and professional education. Education is a component of all Divisional programs. Owners and operators of the various facilities are taught proper foodservice sanitation procedures.

Seven national Sanitation Training Programs were conducted for 108 people. This brings to 2015 the number of Island foodservice people who have successfully completed this Course. Other groups who received educational instructions from the Division included Licensed Nursing Assistants, and Dietitians at the Queen Elizabeth Hospital.

In addition, there are in-service education programs for the Community Health Officers.

Radiation Protection Services Program

This province has enacted the Radiation Safety Regulations which covers both ionizing and non-ionizing radiation. At the present time, Radiation Safety Officers from Health Protection Branch, Health and Welfare Canada, Ottawa, are conducting inspections of this province's hospitals, veterinary clinics, dental clinics, etc., to assure that radiation equipment meets the requirements of the Radiation Safety Regulations.

CONCLUSION:

The workload of the Division continues to increase, especially complaints from the public (41 percent increase). This could be attributable to the public's interest in the environment and its impact on health. Secondly, the Division placed a lot of emphasis on inspecting swimming pools and spas. This resulted in an inspection increase of 240 percent. Many problems with these recreational facilities were noted and guidelines for operators were developed.

A major problem for the Division is manpower. While the Government provided an additional Community Health Officer position in last years' budget, unfortunately it could NOT be filled due to the lack of suitably qualified candidates.

COMMUNITY MENTAL HEALTH SERVICES

William Lawlor, Director

The Community Mental Health Program provides a broad range of community-based mental health services to individuals, families, groups and communities. The program provides services in the areas of primary prevention, early intervention and treatment of mental health problems, as well as the development and provision of support services to those suffering from long-term mental illness.

PROGRAMS AND SERVICES

Services are provided on a regional basis with one mental health team in each county and a Day Treatment Program in Charlottetown. Individuals, families, professionals and community groups were offered a wide variety of professional mental health services including:

(1) mental health assessment;

(2) consultation services;

(3) direct treatment services;

(4) community development;

(5) prevention/education services.

These services were offered through a multidisciplinary team approach using professionals from the disciplines of psychiatry, social work, psychology, nursing and occupational therapy. A number of assessment and treatment modalities are utilized including psychometric testing,individual and family assessments, as well as a number of therapeutic approaches within individual, marital, family and group treatment.

The McGill Day Treatment Unit operates a day treatment facility in addition to the administration of medications in an After Care Program. After care services are also available within each county provided through the teams with outreach services to Alberton and Souris.

COMMUNITY MENTAL HEALTH TEAMS

For each of the last several years, the Community Mental Health teams have experienced increasing demand for services. In the last year, there was a 5 percent increase in the number of cases served compared with the previous year, with 695 more sessions offered to individuals and families. There was a general increase in demand of cases demonstrating a higher degree of psychopathology. In an attempt to deal with this increased demand, both for general services and specialized programs, there has been a greater emphasis on working with and the development of other community resources, as well as the setting up of two programs on a pilot basis to deal with specialized services. There was established an assessment/consultation program focusing on high-risk children and adolescents which was available to community agencies and professionals. As well, there was established an assessment and group program for sex offenders.

Presenting Problems and Referral Sources

Depression remains the main presenting problem referred for services, followed by family dysfunction and anxiety disorders.

Community Mental Health Services received referrals from a total of 13 sources. The major referral sources are as follows:

Medical/Psychiatric	40%
Self	25%
Family/Significant Other	12%
Child and Family Services	9%

Direct Service Statistics

Cases Receiving Services	2,522 (2,392 in 1987/88)
Number of New Cases	1,110 (1,128 in 1987/88)
Number of Therapy Sessions	13,882 (13,187 in 1987/88)

Consultation Services

The Community Mental Health Program provides a consultation service to agencies and professionals within the community such as Child and Family Services, physicians, the justice and the school systems. The aim of this service is to provide mental health expertise in the area of assessment and consultation to other agencies and professionals in the management and treatment of their clientele. There were a total of 772 consultation hours provided during the year.

Community Development

The Community Mental Health Program is involved with other agencies and groups in the identification and development of resources to meet the mental health needs of Islanders. Over the last year, staff have been involved with the Canadian Mental Health Association in the development of their programs, including their new integrated service program. There has been involvement of staff in a number of other programs including working with the committee on family violence, a needs assessment for day program for seniors in Kings County, the development of a post-partum group in Queens County, the development of the End Street project focusing on adolescent suicide, as well as involvement with a number of other committees and groups in the community.

Preventative Education Services

Preventative education services were provided to agencies, groups and the community-at-large throughout the year. There were a total of 126 sessions provided to 3,470 people. There were 66 sessions provided to professional groups and agencies, 31 sessions targeted to high-risk groups, 19 sessions directed toward specific groups, and 11 sessions available for the general public. Some of the topics included assessment of depression in the elderly, adolescent depression and suicide, stress management, and dealing with the death of a child to mention a few. Some of the groups presented to included homemakers, staff from nursing homes, hospitals, Child and Family Services workers, One-on-One program staff, Rape Crisis Centre volunteers, provincial civil servants, as well as other community groups and agencies.

A few years ago, a Prevention Committee was established within the Division to provide a focus on prevention for specific target groups. The target group selected was prenatal and early infant populations. The Committee has been working with other government and community agencies throughout the year to review current activities in this area and to consider the development of a cooperative agency approach to prevention to target this population.

McGILL DAY TREATMENT UNIT

The McGill Day Treatment Program provides a psychoeducational group-oriented program on a four-day a week basis to persons who require more than outpatient services but do not require 24-hour care. There were 120 patients who attended this program during the year, providing 1,832 patient-days.

AFTER CARE PROGRAM

The After Care Program provides formerly hospitalized patients with a follow-up service through assessment and consultation as well as the administration of an injectable long-acting medication. The program is provided in Charlottetown through the McGill Day Treatment Unit, in Summerside and Montague by the teams, with an outreach to Souris and West Prince. The program provided 3,297 injections to 208 patients throughout the year.

DIVISION OF DENTAL PUBLIC HEALTH

Dr. R.G. Romcke, Director

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program and the Preventive Orthodontic Program.

The Division's administration office and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the province. Dental clinics are also operated at the Summerside Health Centre and the St. Jeans Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in Tignish, O'Leary, Crapaud, Abrams Village, Morell, Souris, Montague and Murray River.

During the past year the program was expanded to include three year old children. This change represents a significant improvement as, in addition to providing necessary dental treatment, it permits an earlier start with educational and preventive services.

Further improvements in the dental health of children were achieved during the past year with lower average treatment needs, and with more children having dental caries-free permanent teeth. These improvements are due, in part, to the successful use of fissure sealants in preventing dental disease.

An increasing interest in the dental health needs of the elderly is rapidly developing across Canada with one province having legislation mandating certain basic dental services for the elderly living in institutions. This year saw further development of a program to meet some of the dental needs of elderly residents of government nursing homes.

The Children's Dental Care Program has as its objective, the achievement and maintenance of good dental health by all children in the province. The program commenced in 1971 with six year old children and now covers all children aged 3-16 years.

The program provides dental health education, preventive services and dental treatment. Services are delivered in mobile and permanent Department of Health & Social Services Clinics and in private dental offices in a total of seventeen centres throughout the province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beginning at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in kindergartens and to youth and other groups. During the year division staff visited day care centres and elementary schools in the province and participated in a variety of health promotional activities.

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the province. Preventive services include cleaning of teeth, the topical application of fluoride and fissure sealants. In 1988-89 a total of 18,531 children received preventive services at seventeen centres.

Dental treatment is provided in Department clinics and by private dentists in various centres throughout the province. During 1988-89 a total of 20,412 children received dental treatment. Of this number, 13,385 were treated by private dentists while 7,027 were treated in Department of Health and Social Services' Clinics.

Fissure Sealants

Fissure sealants are plastic films which are used to cover the fissures and grooves of the biting surfaces of teeth and thereby prevent dental caries and the resulting need for restorations on these surfaces.

A 10 year demonstration project to assess the long-term effectiveness of fissure sealants was completed during the year. The results indicate that fissure sealants have the potential to significantly reduce the incidence of dental caries. Further study is required to establish criteria to ensure maximum cost effectiveness. A detailed report of the demonstration project has been accepted for publication in the Journal of the Canadian Dental Association.

Fissure sealants are being gradually introduced and are now available to nearly all children.

Progress Toward Objective

In 1971, when the program commenced, the dental health of children in the province was deplorable. The average child had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20 percent of school-aged children and 5 percent of preschool children.

At present nearly all children in the province have good dental health. Approximately 90% of children are receiving dental preventive and treatment services on a regular basis; the extraction of teeth as a result of dental caries is a rare occurrence, and children require an average of just over one dental restoration each year.

The Preventive Orthodontic Program provides preventive and interceptive orthodontic services to children covered under the Children's Dental Care Program. The objectives of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

The program provides services to nearly one-third of all children at one time or another. Each year approximately 500 are referred to the clinic by private dentists and clinic dentists.

During 1988-89 a total of 1,329 children attended the preventive orthodontic clinic. Of this number, 312 children were treated with orthodontic appliances.

Geriatric Dental Pilot Program in Government Nursing Homes

During 1987/88 a beginning was made to address the dental needs of senior citizens residing in government nursing homes. The pilot program was developed with the assistance of Dr. Gary Jackson of Dalhousie University. The program consists of examination, treatment, and assistance with mouth care, as well as in-service training for staff to support these activities.

Each resident receives an oral examination by a Department of Health and Social Services staff dentist shortly after admission and at 18 month intervals. In addition, nursing directors and supervisors carry out oral assessments at four month intervals to monitor oral health.

Limited dental treatment is provided to eliminate pain and infection and to improve comfort where this is possible. Most treatment is provided by private dentists in their offices or in the nursing home.

Residents are provided with whatever level of assistance is required to enable them to provide daily care for their teeth and mouths.

Staff dentists and dental hygienists are available to provide advice on a continuing basis. They also provide inservice training to nursing staff directly involved in patient care and to students of the Residential Care Workers' program at Holland College. In addition, seminars in oral assessment are provided to nursing directors and senior nursing staff to enable them to recognize dental problems which require consultation with or treatment by a dentist.

In fiscal 1987/88 services were provided to 315 residents of three nursing homes. During the past year the program was introduced in the other five government operated nursing homes where services were provided to an additional 285 residents.

The program has been well received by residents and by staff. The ability to monitor the oral health of residents and to have simple dental treatment provided when required is a valued service.

Dental Manpower

The province has an adequate supply of dentists who are well distributed throughout the province. Present indications are that a surplus of dentists will develop in the very near future.

SUMMARY OF PREVENTIVE SERVICES

	NUMBER OF CHILDREN	
	1987-88	**1988-89**
Total for 17 centres	19,815	18,531

SUMMARY OF FISSURE SEALANT SERVICES

	NUMBER OF SERVICES	
	1987-88	**1988-89**
Number of services	8,185	9,660

SUMMARY OF TREATMENT SERVICES

	NUMBER OF CHILDREN	
	1987-88	**1988-89**
Public health clinics	6,971	7,027
Private dentists	12,653	13,385
	19,624	20,412

PREVENTIVE ORTHODONTIC CLINIC

	NUMBER OF CHILDREN	
	1987-88	**1988-89**
Children attending	1,436	1,329
Children treated with appliances	352	312
New children assessed	498	528
Children completed	642	496

EMERGENCY WELFARE SERVICES

Don Gorveatt, Director

The Emergency Measures and Disasters Act of 1959 has given the authority for organizing and providing Emergency Welfare Services within the province of Prince Edward Island. The Department of Health and Social Services has the responsibility for Emergency Social Services, generally defined as the operatiqnal system which is planned and organized for implementation when the structure of regular Social Assistance is inadequate in an emergency. This is considered as temporary assistance until regular pre-disaster welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid June to Labour Day Weekend.

The Province was free of any major form of emergency during the past year.

The Provincial Emergency Welfare Services has worked closely with the Director of Emergency Measures Organization on several disaster simulations which were held in various parts of the Province.

During the period 01 April 88 to 31 March 89, nineteen candidates attended the emergency training courses at the Federal Study Center at Arnprior, Ontario. Seven of these candidates are employed by the Department of Health and Social Services, six are employed at various Homes and Manors throughout the Province, and six are employed by the Canadian Red Cross Society.

The Department hopes to increase this number during the 1989/90 year. We are working closely with the Provincial EMO Director to update training of present employees.

DIVISION OF HOME CARE & SUPPORT

Sandy Bentley, Director

The purpose of Home Care and Support is to ensure that selected health, social and community support services are made available to individuals and their families. These services help people to remain in their own homes or to return to their homes if they have been receiving care in a hospital or to delay the need for long term residential services.

The services of Home Care and Support are intended to help people help themselves. They are not a replacement for family or community help. They are intended to help in a crisis, to relieve family caregivers, or to offer additional support.

Objectives

(1) To coordinate and provide services and support to assist persons in meeting their health and social needs in their homes when this is the most appropriate place for care.

(2) To ensure the development of services which can provide an alternative to unnecessary, premature or prolonged placement of persons in institutional care.

(3) To relieve excess strain on family members or other persons providing care and in so doing, prevent the breakdown of a desirable living arrangement.

(4) To involve community organizations and volunteers in the provision of specific home support services.

(5) To provide educational programs for the general public on the needs of clients and the services available.

Services

Home Care and Support operates, purchases, or supports the development of a range of services to be provided to persons in their own homes and communities. The services can be categorized into five major types:

(1) **Home Care Nursing** - Home Care Nurses provide basic nursing care at home on a visiting basis and as prescribed by a physician. The kinds of care include: injections, dressing changes, ostomy care, foot care, catheter insertions and care, blood pressure monitoring, assessments, health supervision, and health education. Intravenous therapy, specialized respite and palliative care are now aspects of the service as well. Nurses from the Division visit the seven hospitals on a regular basis to identify and plan for patients who may require Home Care Nursing or other services upon discharge.

The Home Care Nursing caseload increased by 36 percent from March 1988 to March 1989. In addition to the increase in caseload numbers, there has also been a trend towards more frequent visits, with several clients being treated two or three times per day. There have been increases in referrals for post-operative care, both in patient and day surgeries. It became necessary to provide some foot care in clinic settings, rather than in own home, whenever possible, in order to compensate for increased demands.

Weekend and evening coverage is available in all areas of the province when required. In several instances, nursing services were provided through the night for terminally ill people who chose to die at home.

The range of treatments being provided by Home Care Nursing continues to increase gradually. By the end of the year, nurses were being trained to follow selected vascular surgery, urology patients at home after hospital discharge, and selected dialysis patients, who will be discharged from out-of-province hospitals.

(2) **Visiting Homemaker** - The Visiting Homemakers provide services for those who cannot perform basic activities themselves. The types of services can be categorized as personal care (involving a wide range of activities), tidying and cleaning, laundry and mending, meal preparation, accompaniment, and supervision.

Referrals for the Visiting Homemaker service may come from any source. An assessment is done to determine the amount of service required and a means test is used to determine the rate a client must pay, according to a sliding fee scale.

The Visiting Homemaker caseload continued to grow, with a 15 percent increase from March 1988 to March 1989. There were general trends towards increases in: persons requiring daily services; persons requiring help twice daily, both morning and evening; persons needing personal care as a result of medical conditions or extensive physical disabilities; numbers of clients who will require services for extended periods of time; and clients who need a wider variety of services from the Visiting Homemaker due to more complex and multiple needs.

A night course was designed for Visiting Homemaker staff, and offered after hours in 3 locations across the province. This provided an opportunity for fifty Visiting Homemakers to explore training in areas such as the aging process, working with Alzheimers, mental disorders, multiple sclerosis, communication, problem solving, recognizing signs of neglect, and time management.

The "Family and In-Home Support Worker Course" offered by Holland College and funded by Canada Employment and Immigration Centre was not continued this year. Most of the relief staff employed were graduates of other training courses, i.e.: Resident Care Workers Course or Licensed Nursing Assistants.

(3) **Community Support Services** - Each region has a Community Support Worker who assesses the needs of clients in the community and assists them in accessing and setting up services and supports which will enable them to remain in the community as long as possible. The worker will continue as necessary to monitor the progress and maintain follow-up of individuals and will ensure that arrangements meet changing needs.

When required resources are not available or sufficient, the Community Support Worker will work with community agencies, private sources, and government personnel to establish and develop programs and services to meet those identified needs. Examples of the types of community services include: chores, handyman services, daily telephone contact, day programs, family relief, friendly visiting, home deliveries, in-home help, meals-on-wheels, living accommodations, and transportation.

The Community Support Worker also has a major role in creating opportunities to inform and educate the public on subjects relating to services, needs, and the philosophy of service delivery.

Community Support Workers had a very productive year. The caseload increased by 46 percent from the beginning of the year to the end, a reflection of the increased awareness of the service and its usefulness.

In their roles as facilitators, the Community Support Workers were assisted in the development of a wide variety of community and volunteer programs and submissions for funding. Some examples include: "Seniors: Yes We Can" conference for Seniors Groups in Woodstock; Respite Relief for Caregivers; Senior's Information Line; Housing Options Handbook; Alzheimer Resource Booklet for Caregivers; Montague Day Program; Taxi Chit Program, etc.

The Community Support Workers make a major contribution to both educating the public in the area of Home Care, and providing the link between community/volunteer services and governmental services to meet the needs of individuals.

(4) **Occupational Therapy** - Occupational Therapists provide a wide variety of services to clients in a community setting. The Occupational Therapists use activity to meet the clients' goals in self-care, productivity, and leisure. After an assessment, treatments may be related to splinting, assistive devices, special equipment, architectural adaptions, disabled homemaker functions, arthritis education, hand function, self-care, and activities of daily living.

The Home Care Occupational Therapists have completed their second full year of operation in Home Care and Support and saw caseloads remain constant over last year. In addition to specific Occupational Therapy services, the Occupational Therapists assisted in assessing some of the more complicated multi-disciplinary cases, and in training other divisional staff on lifting and transferring techniques, preventative back care, and developing back care guidelines and policies for the Division.

Most people referred for Occupational Therapy Services in 1988-89 were experiencing neurological conditions affecting their abilities. Time spent with these clients was equally divided between adaptation of the environment and modification of methods for achieving daily living tasks in their home setting.

There were opportunities in Summerside, Charlottetown and Montague for three Occupational Therapy students from Dalhousie to complete intern placements.

(5) **Physiotherapy** - This service is purchased from the hospitals when it is needed by clients in a community setting. When used as part of the Home Care and Support Program, the Physiotherapy usually involves an initial visit to teach techniques to the client, family, or caregiver, and a follow-up visit to monitor progress.

The use of this service has been minimal. Although the Division has the option to purchase more physiotherapy services from the hospital system, staff shortages have meant that this resource simply does not exist.

General Developments

Adult Protection Act: In December 1988, the Division assumed responsibility for the implementation of the Adult Protection Act. There were 17 referrals in the first four months. Concerns included financial exploitation, inadequate care and lifestyle choices. All situations were resolved with the consent of the parties involved.

Supplies Pilot Project: A six month pilot project for the provision of selected medical supplies in our home concluded in March 1989. It was jointly planned and implemented by Hospital and Health Services Commission and the Division and was situated in Prince County. The objectives were to promote earlier discharge from hospital, to prevent admission to hospital, and to discourage inappropriate use of out-patients.

Policies and Procedures: Due to the increase in provision of complex care and the introduction of new types of nursing care, the division began development of a Home Care Nursing Manual to ensure consistent practices across the province.

Assessment Format: A small staff committee of representatives from each of the programs developed a multi-disciplinary assessment format. The division began piloting in format in January 1989.

STATISTICS

CLIENTS BY SERVICE PROVIDED

	March '87 N	March '88 N % increase	March '89 N % increase
HCN	409	451 (10)	613 (36)
VHS	545	591 (8)	680 (15)
OT	226	289 (28)	237 (-18)**
CSW	211	262 (24)	383 (46)

ACTIVE CASELOAD

	March '87 N	March '88 N % increase	March '89 N % increase
MALES	425	465	484
FEMALES	739	822	979
TOTAL	1164	1287 (11)	1463 (14)

** Decrease is a reflection of a change in recording service, not an actual decline in service.

INCOMING NEW CASES

Incoming New Cases by Month (March 88 - March 89)

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HCN	55	70	68	80	92	70	72	58	92	65	86	105	71
VHS	43	48	39	57	52	34	36	48	40	44	44	52	29
CSW	38	22	21	14	25	11	10	19	29	24	16	17	23
OT	9	20	21	19	30	31	26	6	36	22	24	15	33

AGE DISTRIBUTION

Age Distribution (%) of clientele

	March '87	March '88	March '89
Under 60	19	18	15
60 - 80	71	72	75
90+	10	10	10

MANAGEMENT SERVICES DIVISION

Rick Callaghan, Director

The Division of Management Services is a support Division -- it provides support to all other divisions in the Department in the areas of personnel, finance, administration, audits, word processing and management information systems.

Personnel - This unit was involved in all personnel matters in the Department such as coordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board, and Executive Council.

Management Information System - Data entry, report distribution, information retrieval and clerical work is provided for the following systems: Social Services Management Information System, Drug Prescription System, Mental Health System and Nutrition Pregnancy Study. A copy of the data from the Nutrition Pregnancy Study was put onto tape to be sent to McGill University for analysis.

The Management Information System Coordinator attended the Annual MIS Workshop in Winnipeg, Manitoba in May, 1988.

Code revisions in services, employment status and disability status, etc. were implemented in July 1988. Computer generated reports were provided for workers to update the appropriate codes. The majority of coding revisions were completed in this manner over the summer months. Extra data entry also resulted from the issuance of school supply cheques over a two-week period in August.

Regular Processing Representative Meetings were started in November, 1988, to keep the processing staff in all the offices better informed on procedural standards and changes and to discuss and implement problem solving standards and changes and to discuss and implement problem solving measures in processing documents and files.

Audit Section - The Auditor General's Report on the Welfare Assistance Program provided the greatest influence on the work of the Audit Section. While program and case audits continued to be performed, emphasis evolved in the latter part of the year to conducting analyses for senior management and recommending methods of implementing some of the Auditor General's recommendations. Audits were also performed for the Director of Aging and Extended Care on Old Age Security/Guaranteed Income Security benefits.

Health Manpower Planning - The Director represented the Province at the Federal/Provincial Advisory Committee on Health Manpower meetings in Ottawa in November and in Halifax in April. Shortages in all Rehab Professions (Physiotherapists, Occupation Therapist and Speech Therapists) Dental Hygienists and Pharmacists were among issues discussed. The Director also represented the Province at four meetings of Maritime Province Higher Education Commission Advisory Committee on Health Sciences Education. Expansion of the two-year Family Medicine Residency at Dalhousie University was discussed.

DIVISION OF NURSING

Ella B. MacLeod, M.S. Director

Purpose

To serve as the vehicle within the Department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

Objectives

To provide health-related services that are equally accessible to all Islanders; services that will prevent the outbreak of and consequences of communicable and social diseases; services for the early detection and prevention of illness; and health education programs for the promotion of health and healthy lifestyles.

Health Units

The Division of Nursing accomplishes its objectives through a decentralized service in Tignish, O'Leary, Summerside, Kensington, Charlottetown with three locations, Montague and Souris.

Programs

(a) Public Health programs include: maternal and child health, school and pre-school health, communicable disease control, health supervision and illness prevention;

(b) Health Education;

(c) Diabetes Education; and

(d) Family Life Education.

Staff

The Division of Nursing staff consists of a director, 4 public health supervisors, 3 coordinators, 18 full-time and 7 part-time nurses, one nutritionist, 6 full-time and 8 part-time clerical staff.

PUBLIC HEALTH PROGRAMS

Maternal and Child Health

The OBJECTIVES of this program are to promote the health of mothers throughout their pregnancy, foster and growth of the infant, and help parents develop skills in parenting. A Parent-Child Committee meets regularly to review the programs and make recommendations for change.

The **Provincial Reproductive Care Program**, referred 673 high risk and primip mothers to the public health nurse for assessment and intervention. This was an increase of 123 percent over previous year.

Fifty-one series of pre-natal classes were offered in six locations throughout the province to 450 mothers and 375 fathers. In addition, there were 398 individual or group counselling sessions and 115 mothers introduced to the smoking cessation program with a 20 percent success rate. Nurses made 362 visits to pregnant women in the home offering help and counselling and saw 670 in the health unit. This is 56 percent increase over previous year.

All mothers were visited in the maternity ward to assess their needs and plan for a follow-up visit at home. There were 1,561 post-partum home and office visits plus an additional 2,320 visits to newborns during first year of life. Mothers were helped with care, the baby assessed, and plans were made with the mother for attending the Child Health clinics. Visits included the 90 children born with a congenital anomaly.

A total of 367 Child Health clinics were held at 18 locations. Four held weekly and others monthly. Approximately 1,850 infants were assessed and or immunized at the two, four, six, fifteen and eighteen month old clinics. There was a total of 11,049 scheduled visits and 155 children identified as having a health problem and referred.

At 3 1/2 years, a comprehensive appraisal, including physical, mental, emotional, social and nutritional status is undertaken. During this period, there were 364 clinics at six locations attended by 1,378 children with 233 referrals.

Pre-school entry clinics were organized at six locations. 1,757 children were assessed and/or immunized with 178 referred for health problems.

Nurses made 945 visits to the home and saw 162 pre-school children in the health unit assisting mothers with problems associated with their children.

School and Kindergarten Health Program

The OBJECTIVES of the school program are to provide a knowledge of health, encourage healthy life-style practices and promote early treatment of an illness or disability. The objectives are accomplished by counselling students and acting as a health information resource for teachers. Services include health appraisal, screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow-up as needed.

There were 64 schools and 24 kindergartens and day cares visited on a regular basis. Screening of children for various health problems included:

	School	Kindergarten
General Health Inspection	13,184	911
Number of children identified with a nuisance disease	431	33
Vision Screening	5,466	
Referred	816	
Hearing Tested	1,553	
Referred	195	
Scoliosis Screening	59	
Referred	1	

There were 814 visits to the home for follow-up care and 269 children assessed in the health unit.

Nurses spent 238 hours giving 163 health education talks to 6,339 students and 186 hours in counselling 474 individuals about a health problem.

School Heart Health Program

652 Grade 7 students from 5 regions participated in a Heart Health Program. Students had their weight, height and blood pressure measured and finger prick for cholesterol. They were asked a short questionnaire on lifestyle and eating habits and provided with health education. The purpose of the program is to motivate students to have heart healthy life styles.

Communicable Disease Control

Immunization - There were approximately 8,000 infants and preschool children, 2,000 school children and 615 adults given 18,141 vaccines. Of the 2,276 children entering Grade I in September, only 21 (.9 percent) did not have health records.

Sexually Transmitted Diseases - There were 22 cases of gonorrhea and 223 of chlamydia.

Salmonella and Other Bowel Infestations - There were 43 primary cases of Salmonella and 79 cases of campylobacter identified and placed under surveillance and follow-up done for contacts.

Tuberculosis - There was 4 positive cases reported and one inactive.

NURSES provided health teaching for 209 persons in the home and 398 persons in the health unit who had or were in contact with a communicable disease.

Health Supervision and Illness Prevention

Forty-seven Senior Citizen's Homes were visited on a regular basis with seven organized programs covering foot care, blood pressure check and nutrition counselling and health education.

There were 1,896 adults and seniors visited in the home and 125 seen in the health unit for health supervision of an existing health condition.

The public health nurses gave 123 health related talks to an attendance of 3,094 participants.

DIABETES EDUCATION PROGRAM

Established in 1973, the Centre operates out of Charlottetown and Summerside, going out to other locations as necessary. The program provides courses designed to help diabetics and their family cope with diabetes, as well as instruct allied health professionals and students.

	Charlottetown	Summerside	Total
Number of courses	16	10	26
Number of special sessions for gestational diabetics	19	7	26
Number of Computer/Monitoring Sessions with children & teens	36	16	52
Number of follow-up visits	1,145	542	1,687
Number of professional up-dating sessions	12	5	17

FAMILY LIFE PROGRAM

Objectives

To raise an awareness of the importance of healthy attitudes about sexuality and to initiate, promote and deliver programs that provide education, skills and support in the area of sexuality, self-esteem and decision making.

The Program provides liaison with various members of the community including professionals, parents, youth and community groups; consultation and/or delivery of presentation geared to specific issues, ages or groups.

During the summer of 1988 four teenagers who had trained as peer counsellors were hired as telephone listeners on the TEEN HEALTH INFORMATION LINE (THIS). The line operated every evening from 5-11 for 8 weeks.

Results

Number of calls	599 calls (approx. 1/2 hung up when line was answered) (79.3% female, 20.7% male)
P.E.I. daily average including incomplete calls	9.33
Types of calls	Majority concerns re: relationship and sexuality
Time of calls	Majority between 5-8 p.m.
Most active evening	Friday
Least active evening	Sunday

Referrals

Thirty-two (32) individuals were advised to contact the following agencies: Public Health, Richmond Centre, ADPI, DFSB, PFSB, Physicians, Social Services, Justice Resource Program.

The Boys & Girls Club is presently seeking ongoing funding to operate a "Help Line" year round, province wide.

Other Activities:

The Family Life Co-ordinator is a member of a Maritime Project helping parents with sons and daughters who are mentally handicapped, by providing information and support dealing with issues related to sexuality and social skills.

Talks related to sexuality, sexual health and decision making were presented to many students in elementary, junior, senior high, college and university, youth groups, lifeskills groups, professionals, and parents.

Topics Include

Family Communication about Sexuality
Sexuality, Self-Esteem and Decision Making
Normal Sexual Development/Sexual Response
Puberty Education
Conception/Contraception Education
Sexually Transmitted Diseases
Adolescent Pregnancy
Sexuality and Disease
Disability
Preventing Sexual Assault

HEALTH EDUCATION CO-ORDINATOR

The Health Education Co-ordinator is a part-time position whose responsibilities are: to initiate, organize and participate in cooperation with other divisions, departments, official and voluntary agencies in health promotion activities; to coordinate the Department's health education programs and other agencies throughout the Province; to plan and organize inservice education programs in cooperation with nursing senior management; and, to assist in implementation of National Health Promotion Programs.

Program Activities for 1988 Consisted of

Development of brochures for Public Health Nursing for distribution to the general public: **Pinworms, Hygiene for Boys** and **Hygiene for Girls.**

Development of Health Campaign Calendar and update of Directory of Health Organizations.

Development of new Division of Nursing slide presentation

Orientation of student nurses.

Organization of first "Annual Health for Life Award" and Conference.

Involvement in School Health Fair.

Two poison presentations were made to young children ages 6-13.

Representation on Committees

Heart Foundation - Blood Pressure Committee
National Program to Reduce Tobacco use
Prince Edward Island Council on Smoking and Health
Smoking Policy Committee - Civil Service Commission

Other

Ongoing review of Born Free Program (smoking cessation program for pregnant women)

Active in promotion of non-smoking and National Non-Smoking Week through distribution of print material and through radio interviews

Member of Planning Committee for Canada Youth and AIDS Study Workshop. Involved in organization of the Lifestyles Committee. Setting up of displays, preview and purchase of films, books and journals. Act as resource person to search and provide Public Health Nurses with information on a variety of health issues.

SPECIAL NURSING PROJECTS

Heart Health Survey: 2,097 Islanders participated

Group Presentations in Community: Nurses gave talks to 123 organizations attended by 3,094 persons

Blood Pressure Programs: Various locations.

DIVISION OF ONCOLOGY SERVICES

D.E. Dryer, M.D., Director

The Division of Oncology Services provides consultations for patients with or suspected of having cancer, drug treatment of cancer, follow-up of patients, and compilation of information on cancer incidence in Prince Edward Island.

The Outpatient Oncology Clinic is located in the Special Services area of the Queen Elizabeth Hospital. One day a week a similar clinic is held in the Outpatient Department of the Prince County Hospital.

Intravenous chemotherapy is administered by either a specialized oncology nurse or the patient's treating physician. Virtually all drug treatment in the Queen Elizabeth Hospital is performed by an oncology nurse, except in children. Most treatments consist of multiple intravenous (I.V.) drugs. A large number of patients are treated with oral chemotherapy and/or anti-cancer hormones for which statistics are not available.

The majority of patients requiring adjuvant or palliative radiation treatment are referred to Dr. W.T. Hooper at the Queen Elizabeth Hospital.

Two family practitioners are employed part-time as clinical associates, providing inpatient and outpatient cancer care under supervision of the oncologist at the Queen Elizabeth Hospital.

The Oncology Division participates in clinical trials run by the National Cancer Institute of Canada, with informed, signed consent of those participating patients.

Many Island cancer patients are assisted financially with drug expense and out-of-province travel costs by the P.E.I. Division of the Canadian Cancer Society.

Patient Statistics

No. of consultations/referrals		280
No. of patients receiving I.V. chemotherapy		80
Queen Elizabeth Hospital	75	
Prince County Hospital	12	
No. of I.V. chemotherapy treatments		636
No. of new patients referred		139
Breast cancer	35	
Hematologic malignancy	25	
Lung cancer	23	
Gastrointestinal cancer	21	
Genitourinary cancer	9	
Other	20	
Benign conditions	6	

The Division maintains the Provincial Tumour Registry which provides cancer incidence data to Statistics Canada. The sources of information are pathology reports provided to the Director by the Department of Laboratories of the Queen Elizabeth Hospital, and a monthly list of cancer deaths from Vital Statistics. This data is stored on computer.

PHARMACY SERVICES DIVISION

L. Roger Montigny, Director

The Division of Pharmacy Services, within the Department of Health and Social Services, provides a correlation of pharmacy services in relation to established programs. The organizational objectives of the Division are to provide professional services with optimum benefit in a cost effective manner.

The Provincial Pharmacy dispenses oral medications, diagnostics and administers the Insulin Program to 3,100 Diabetics, provides prophylactic medications to 37 Rheumatic Fever clients, subsidizes psychotherapeutic medications prescribed by psychiatrists to 900 Mental Health Clients, covers full cost of a wide range of prescription and non-prescription pharmaceutical products to 8,700 Social Assistance Clients, provides Lofenalac (milk substitute) to four clients under the Phenylketonuria Program, procures all vaccines for the Immunization Programs provided by the Division of Nursing Services to all Island children. The Provincial Pharmacy also lends its services to various other drug-related programs such as the Cystic Fibrosis Program, the Cyclosporin Program, and the Human Growth Program. Through staff professionalism services of drug consultation are provided to clients, monitoring of client medications and drug quality control maintained.

The Division has further expanded its controlled drug distribution service to institutions and manors. The system effectively promotes safety and accountability in the issuing of medications in nursing homes.

Consultations in an advisory capacity are provided by the institutional Pharmacist to the staff of institutions and manors on all drug-related issues while drug therapy monitoring has been initiated on a selective basis.

The Drug Cost Assistance Plan introduced in January of 1987, a plan to provide financial assistance to 16,000 Island Seniors for drug costs, has obtained its objective for this fiscal period with a 75 percent registration and 50 percent utilization. Management of the plan is the responsibility of the Division and the day to day administration is carried out by Island Computer Limited.

SPECIAL SERVICES SECTION

Verna Bruce, Assistant Deputy Minister

The Special Services Section is responsible for program planning, development, consultation and coordination of a number of departmental services: employment programs for welfare assistance recipients, services to the physically and mentally handicapped, vocational rehabilitation, speech therapy, early childhood development and day care, nutrition, and services to the long-term mentally ill. In addition to the above activities, the Special Services Section was responsible over the past year for the management of the Audiology Program, Day Care Inspections and Licensing Program, Milk Ticket Program, Foster Home Program for the Mentally Ill, and Sherwood Home. Special Services also purchases services from community agencies serving persons who are mentally ill, mentally handicapped or physically disabled. Services include sheltered workshops, residential, transportation and special counselling.

EARLY CHILDHOOD SERVICES

As of March 31, 1989, there were 107 licensed early childhood centres in P.E.I. with a total of 3,067 spaces. During the course of the year, 104 of these centres were reviewed and licensed by the Child Care Facilities Board.

The Direct Funding Program continued on an annualized basis, providing Maintenance Grants, Flat Rate Grants, and Infant Incentive Grants to licensed child care facilities. Special Needs Grants were introduced in October, 1988. These grants replaced the previous policy of paying higher per diem rates for special needs children through the Child Care Subsidy Program.

In its continuing efforts to improve standards, Program staff offered thirty different training sessions to early childhood workers and students across the Province. In addition, the Child Care Facilities Board published "Guide to Behavior Management in Child Care Facilities" which is available to parents and early childhood workers.

The Department co-sponsored a Child Care Initiatives Fund Project with the Early Childhood Development Association to host the conference, "Computers in Early Childhood Education", in September, 1988. The Department also co-sponsored the National Conference, "Children--The Heart of the Matter" with the Canadian Child Care Federation. This Conference was held in Winnipeg, Manitoba. The Department has agreed to co-sponsor the 1991 National Conference to be held in Charlottetown.

The Coordinator for Early Childhood Services continued to provide consultation to individuals, groups, agencies, and other provincial governments. An Assistant Coordinator was hired in September, 1988, to assist in carrying out the increasing workload related to the program.

SPEECH-LANGUAGE PATHOLOGY

Speech-Language Pathology Services continue to be provided through the Departments five regional offices and the Queen Elizabeth Hospital. Referrals to the program continued to increase in all regions and consisted primarily of preschoolers, high-risk infants, and children with learning disabilities. In the past year, 331 assessments were completed and 4176 therapy sessions held.

The continuing high service demand resulted in waiting lists for assessments in all regions. The waiting period is of most concern in Region 3 where a client may wait 9-12 months. In an attempt to reduce the waiting period, staff from other regions have been working periodically in Region 3. Difficulty in recruiting new staff adds to the problem. While the vacancy in Region 5 has been filled that in Region 1 has continued for ten months.

Continuing professional development remains a priority. To this end some staff attended the Canadian National Speech and Hearing Convention, while others attended the American Convention. Maritime regional workshops were attended and all staff participated in a two day Island Workshop on "Remediation of Severe Phonological Disorders."

Consultation is an important part of the role of staff. In the past year this service was provided to school and preschool staff, parents, and Public Health Nurses. Case conferences with respect to learning disabled and "special needs" children increased. In-service training was provided by staff to special educational personnel in Unit 3, preschool staff, the Division of Aging and Extended Care, and the P.E.I. School of Nursing. As well in the course of the year supervision was provided to two Speech-Language Pathology interns.

AUDIOLOGY

Audiology Services continue to be provided through the Queen Elizabeth Hospital and four regional clinics held at the Provincial Manors in Alberton, Summerside, Montague, and Souris. Clinics are held on an "as needed" basis with the exception of Alberton. Here, because of the 3-4 month waiting lists, clinics are held twice a month. During the past year 1984 clinic days were held, 584 new clients seen, and 1014 patient visits reported.

As the regular Audiologist was on maternity leave for six months, the position was filled on an interim basis by a new graduate. Regular clinics were maintained but only basic testing could be done. Specialized testing had to await the return of the permanent audiologist.

Achievements during the year included the acquisition, with assistance from the Elks, of a new diagnostic audiometer. A computer terminal was acquired in conjunction with Oncology which permits recording of data "on-site". The back-log of individuals requiring specialized testing was reduced and placement and supervision for an audiology intern was provided.

RESIDENTIAL SERVICES

The Department of Health & Social Services provides funding to six private non-profit organizations across the Province supplying residential services.

Home Base Incorporated operates a group home for persons recovering from mental illness. Their facility -- Longworth House -- can accommodate up to twelve persons.

There are five organizations that provide residential services to persons with mental retardation. Four of these organizations offer both a group home service and alternative living situations (apartments, room and board, etc.).

Queens County Residential Services, which was operated by the Department for two years, was transferred back to a private Board in April, 1988.

Sherwood Home is a small residential facility for the mentally handicapped, providing a residential, development day program, and respite care services. During the 1988-89 fiscal year, one resident was discharged and two admitted. The developmental day program has six children from the community who attend the Home on a daily basis. The Home provided three hundred and forty six (346) days of respite care during the year.

Major projects that have been undertaken during the past year include a Nutrition Study, changes to staffing, the introduction of eight-hour rotational shifts, and the review and restructuring of the development day program.

Hillsborough Hospital's Community Placement Program provided placement and follow-up services to approximately 112 former patients of Hillsborough Hospital during the April 1, 1988 -March 31, 1989 period. At the present time the Program utilizes the services of 34 foster homes, 7 boarding homes, 7 licensed community care homes,and 1 group home. As well, 7 former patients are living independently in apartments, 1 in a room, 1 in a housekeeping room, and five live with parent(s). The staff complement of R.N.'s for the program is 1.6. At the end of the fiscal year, responsibility for the program was transferred from Special Services to the Division of Aging and Extended Care.

SHELTERED WORKSHOPS

Vocational Training Services provided through the Sheltered Workshop system served approximately 200 mentally retarded persons through seven non-profit community agencies at an annual cost of $1,472,000. The Department provided consultation to agencies, support to staff training activities, and participated in a provincial service development workshop. Project PROVE (a three year demonstration project funded by National Health & Welfare) was evaluated and concluded. There was a continued emphasis on more individualized client programs, integration, and meaningful work. In addition, there was greater utilization of the Employment Enhancement Program and other generic employment and training services.

VOCATIONAL REHABILITATION OF DISABLED PERSONS PROGRAM

This program is a federal-provincial cost shared program which has as its objective the training of persons with disabilities for employment in the competitive market.

One hundred and fifty-two persons received services under the program in fiscal 1988-89. Of this number, twenty-two were in individualized training programs which varied from University level training to training on the job. The number of disabled persons using this program as well as the budget associated with it has shown a slow but steady growth over the past decade. Two hundred and fourteen thousand dollars were expended in fiscal 1988-89. Projections are for continued growth, perhaps dramatic in scope, as more and more persons with disabilities become aware of the opportunity provided for training, employment, and eventual financial independence.

TRAINING & EMPLOYMENT PROGRAMS FOR WELFARE ASSISTANCE RECIPIENTS

The Job Creation Program

This program was established as an alternative to welfare assistance. Persons eligible for assistance are given the opportunity to take short-term employment. In fiscal 1988-89 two hundred and forty-one persons benefited from this program and 2409 weeks of employment were created. Expenditures on the program were $467,400.

The Employment Enhancement Program

The Employment Enhancement Program provides welfare assistance recipients with the opportunity to up-grade their education and training. It is targeted at those clients who are disabled or disadvantaged in some way when seeking employment. Lack of work experience, training, and education have been identified as the major barriers. Six staff located in the Regional offices across the Province are responsible for arranging client assessments. Academic up-grading and life-skills training are provided based on these assessments.

The Civil Service Commission participated in this program with their **Employment Opportunities for the Disabled Project**. This Project was designed for "persons with significant deficits or impairments to normal functioning, occurring at birth or acquired by accident, injury, or disease." The intention of the project was to assist disabled individuals to access government employment, initially through project funding, resulting in long-term employment through Civil Service appointment. Of the twenty-five disabled persons who participated in the project since it began, eighteen received term appointments and were employed on departmental payrolls. Of this number, fourteen (78 percent) were still employed at the end of March, 1989.

In total 316 persons have received training and work experience through the Employment Enhancement Program. Expenditures in fiscal year 1988-89 amounted to $1,027,600.

NUTRITION

Preventive nutrition services to pregnant and nursing mothers and their infants continued as the priority in the Nutrition Services Program. Physician referrals from the Reproductive Care Program increased from 245 in 1987/88 to 353 in 1988/89. As a result of higher demands for nutrition services, one full time nutritionist was added to the staff in the Charlottetown region. The total of regional nutritionists time in the Province was thereby increased from 3.9 to 4.9 full-time equivalents. Client visits totaled 2113 in 1988-89.

The growth in prenatal referrals brings with it a subsequent increase in the Nutrition Services Milk Ticket Program. In 1988/89 an estimated 43,295 litres of milk were distributed to financially disadvantaged pregnant women on P.E.I. as compared to 32,000 in 1987/88.

As well, the research data prepared by Nutrition Services in co-operation with McGill University was published in a scientific journal. This on-going evaluation of the prenatal nutrition program in the Province helps to assure a quality program which effectively improves the outcomes of high risk pregnancies on P.E.I.

In addition to direct service to clients, the community nutritionists provided nutrition education sessions to a wide variety of audiences. These groups represented other health and allied professionals including the 10th International Congress of Dietetics in Paris, France, as well as staff members, and other public groups and agencies.

In 1988, Nutrition Services participated in the dietetic internship training program of the Queen Elizabeth Hospital. The nutritionist in Summerside provided primary supervision of an intern in a 15 week community nutrition rotation.

Growing concern with prevention of lifestyle related chronic diseases has increased Nutrition Services involvement in preventive health services. Consultation has been provided to: The Interdepartmental Nutrition Committee, The Interdepartmental Healthy Lifestyle Committee, The Atlantic Heart Health Survey, The School Heart Health Program, and The Atlantic Research Centre for Mental Retardation.

The Nutrition Coordinator participated in the revision of Canada's Food Guide. An important event for Nutrition Services staff members was the week-long nutrition update conducted by Dr. Mary MacKey of McGill University in October, 1988. These sessions provided the nutritionists with a review of the current research in the field of nutrition.

DIVISION OF VITAL STATISTICS

Gloria Melanson, Director

Purpose

The primary function of the Division of Vital Statistics is to provide a central office for the registration of births, deaths, marriages, adoptions, divorces, stillbirths and changes of name. The Division also provides regular statistical analyses on this data as well as ad hoc reporting as required.

The collection of registration is decentralized to 19 main population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for permanent filing.

A detailed report of various vital statistics entitled "P.E.I. Department of Health and Social Services' Vital Statistics Annual Report" is printed under separate cover.

REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED BY THE DIVISION OF VITAL STATISTICS

(These figures are based on the calendar year)

	1987	1988
Registrations accepted under the Vital Statistics Act:		
Birth registrations	1,935	1,958
Marriage registrations	924	965
Death registrations	952	1,086
Stillbirth registrations	11	18
Adoption Orders	86	67
Divorce decrees	277	242
Delayed registrations	47	46
Total registrations accepted	4,232	4,382
Legitimations of birth	60	81
Corrections/Amendments made	382	395
Changes of name recorded under Change of Name Act	67	81
Certificates issued under the Vital Statistics Act:		
Birth (short form or wallet size)	5,862	6,001
Birth (long form)	314	292
Marriage	525	490
Death	421	496
Total Certificates	7,122	7,279
Marriage Licenses issued under the Marriage Act	933	965

VITAL STATISTICS

PRINCE EDWARD ISLAND 1983 - 1987

	1983	1984	1985	1986	1987
Population ('000's)	124.0	125.7	127.3	126.6	127.3
Live births by residence*	1,954	1,954	2,008	1,928	1,955
Rate per 1000 population	15.4	15.5	15.8	15.2	15.4
Live births by occurrence	1,883	1,940	1,984	1,899	1,935
Rate per 1000 population	15.2	15.4	15.6	15.0	15.2
Deaths by residence	1,050	1,109	1,110	1,121	1,116
Rate per 1000 population	8.5	8.8	8.7	8.9	8.8
Deaths by occurrence	1,016	1,077	1,084	1,083	1,082
Rate per 1000 population	8.2	8.6	8.5	8.6	8.5
Natural Population increase	857	845	898	807	839
Rate per 1000 population	6.9	6.7	7.1	6.4	6.6
Stillbirths:					
20 to 27 weeks gestation	5	1	4	1	4
Rate per 1000 live births	2.7	.5	2.0	.5	2.1
28+ weeks gestation	18	10	15	8	7
Rate per 1000 live births	9.6	5.2	7.6	4.2	3.6
Maternal deaths	0	0	0	0	0
Rate per 1000 live births	-	-	-	-	-
Marriages	938	1,057	956	971	924
Rate per 1000 population	7.6	8.4	7.5	7.7	7.3
Divorces	216	196	214	208	280
Rate per 100,000 population	174.2	155.9	168.1	164.2	220.0

* "By Residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

WELFARE ASSISTANCE APPEALS BOARD

George Cheverie, Chairman

During the period 01 April 1988 to 31 March 1989 the Board conducted seventeen sittings in which seventeen appeals were received. This represents no change from the previous twelve month period. Of these seventeen appeals, five were allowed, and twelve were dismissed. The ratio of appeals allowed to appeals dismissed decreased slightly.

The following table shows a breakdown of the number of appeals over the last five years.

	84-85	85-85	86-87	87-88	88-89
REGION I	1 allowed 0 denied	1 allowed 0 denied	1 allowed 0 denied	0 allowed 0 denied	1 allowed 2 denied
REGION II	0 allowed 1 denied	0 allowed 0 denied	2 allowed 1 denied	4 allowed 5 denied	1 allowed 6 denied
REGION III	5 allowed 14 denied	8 allowed 11 denied	1 allowed 7 denied	2 allowed 5 denied	0 allowed 2 denied
REGION IV	2 allowed 4 denied	2 allowed 4 denied	2 allowed 1 denied	0 allowed 0 denied	1 allowed 1 denied
REGION V	0 allowed 2 denied	0 allowed 3 denied	2 allowed 2 denied	0 allowed 0 denied	2 allowed 1 denied

Appendix

Department of Health and Social Services

SUMMARY OF REVENUE AND EXPENDITURES

For the Period April 1, 1988 to March 31, 1989

	Revenue	Expenditures
Department Management	$22,263,000	$ 1,356,200
Pharmacy	35,200	4,311,300
Oncology	-	133,000
Dental PUblic Health	63,600	1,628,700
Community Mental Health	-	1,066,700
Nursing	99,000	1,548,300
Community Hygiene	-	286,400
Home Care and Support	26,000	2,232,200
Special Services	65,100	5,910,800
Job Creation and Placement	187,600	1,495,000
Child and Family Services	44,500	37,272,500
Aging and Extended Care	6,893,200	30,732,900
	$29,677,200	$87,974,000